

**City of Toledo Municipal Cemeteries  
Disinterment Request and Agreement (General Form)**

The undersigned affirmatively states by the execution hereof that:

1. They are the next of kin, or that they represent all of the next of kin, to \_\_\_\_\_.  
(Deceased)
2. They have obtained an order from the Lucas County Probate Court for the disinterment of Decedent pursuant to Ohio Revised Code sections 517.23 and 517.24, which order is attached hereto.
3. The cause of death of the decedent was \_\_\_\_\_. Decedent did not die of a contagious disease, or if so, a permit by the Board of Health pursuant to Ohio Revised Code sec. 517.34 is attached hereto.
4. They have requested \_\_\_\_\_ (Funeral Home) to arrange for and aid in the disinterment of the remains of the deceased from:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Cemetery) (Section) (Row) (Grave)  
Toledo, Ohio.
5. The decedent's remains are to be reinterred at \_\_\_\_\_  
Cemetery in \_\_\_\_\_ County, State of \_\_\_\_\_.
6. They have requested the City of Toledo Municipal Cemeteries to furnish personnel and necessary equipment for such disinterment. The City and its agents shall not and do not assume any liability for damage to any casket, burial vault or remains resulting from disinterment (TMC 959.06 (b)).
7. They agree to pay the costs of the disinterment and reinterment, including \_\_\_\_\_ payable to \_\_\_\_\_.

The undersigned acknowledge(s) the above statements and further agree(s) to hold the City of Toledo and its employees and agents harmless with respect to any and all claims of any nature whatsoever made by any person or entity with respect to damages or every kind, nature and description arising out of any action by the City of Toledo Cemeteries by reason of the acceptance of this request of the undersigned, and as to any claims involving any item of funeral or burial merchandise.

\_\_\_\_\_  
*Signature Next of Kin                      Date*

\_\_\_\_\_  
*Signature Next of Kin                      Date*

\_\_\_\_\_  
*Printed Name, Relationship to Decedent*

\_\_\_\_\_  
*Printed Name, Relationship to Decedent*

**Accepted by City of Toledo Municipal Cemeteries:**

\_\_\_\_\_  
*Signature    Date*

\_\_\_\_\_  
*Printed name and Title*